

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

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5820

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5820

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE KANSAS		b. COUNTY JOHNSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSP.		Length of stay in lb 1 DAY		c. CITY OR TOWN MISSION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6822 GRANADA		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last NELL M. BULMER				4. DATE OF DEATH Month Day Year DEC 2, 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 11, 1923	9. AGE (last birthday) 36 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ANDREW J. WHITNEY			13b. MOTHER'S MAIDEN NAME ENOLA PAUSCHER		14. NAME OF HUSBAND OR WIFE ROBERT A BULMER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address ROBERT A BULMER 6822 GRANADA			
18. CAUSE OF DEATH (Enter only one cause line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Neurogenic Shock</i>						12 hrs.	
DUE TO (b) <i>fractured Rt. femur Manipulation under Anesthesia of</i>						24 hrs.	
DUE TO (c) <i>Secondary - Quadriplegia from polio PARALYSIS</i>						7 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Aug 10, 1953</i> to <i>Dec 2, 1959</i> and last saw her/him alive on <i>Dec 2, 1959</i> Death occurred at <i>St Mary's Hosp - 6:15 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <i>Donald J. Smith, M.D.</i>				22b. ADDRESS <i>8023 Santa Fe Dr Overland Park, Mo</i>		22c. DATE SIGNED <i>12/2/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 4, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM		23d. LOCATION (City, town, or county) KANSAS CITY MO.		(State)
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. <i>12-3-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Donald J. Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address

Indep., N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

-If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.